

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Cerebral Temperature Control																																
Application Number : Date : First Named Applicant: Mr. Anders Lunderqvist Attorney Docket Number: 74701																																	
TOTAL FEE AUTHORIZED \$ 507 Patent fees are subject to annual revisions on or about October 1st of each year.																																	
Filing as small entity BASIC FILING FEE <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 24</td><td>4</td><td>2202</td><td>9</td><td>36</td></tr><tr><td>Independent Claims : 5</td><td>2</td><td>2201</td><td>43</td><td>86</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 122</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees: \$ 385				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 24	4	2202	9	36	Independent Claims : 5	2	2201	43	86	Subtotal For Extra Claims Fees: \$ 122				
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AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit account number: 501249 Access Code **** Deposit name: Albihns Deposit authorized name: Timothy Platt Signature: Timothy Platt Date (YYYYMMDD): 2004-03-16 Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																																	